

4-24-85

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address		CAT 000 038 024		A. State Manifest Document Number 84341608		
F.M. THOMAS @#L Gemini Blvd., Brea, CA 92621				B. State Generator's ID CAT 000 038024		
4. Generator's Phone (714) 738-1062				C. State Transporter's ID		
5. Transporter 1 Company Name		6. US EPA ID Number		D. Transporter's Phone		
F.M. THOMAS				E. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		F. Transporter's Phone		
9. Designated Facility Name and Site Address		10. US EPA ID Number		G. State Facility's ID		
OMEGA CHEMICAL CORP. 12504 E. Whittier Blvd. Whittier, CA 90602		CAD 042 245 001		CAD 042 245 001 H. Facility's Phone 213/ 696-0991		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit	15. Waste No.
a. HAZARDOUS WASTE, LIQUID N.O.S. ORM-E NA9189 (R-11)		No.	Type			
		005	DM	00500	P	
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
				R01		
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name		Signature		Date		
RONNIE E. BOYETT		Ronnie E. Boyett		Month Day Year 04/24/85		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Date		
RONNIE E. BOYETT		Ronnie E. Boyett		Month Day Year 04/24/85		
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date		
Printed/Typed Name		Signature		Date		
				Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name		Signature		Date		
TIM BALTIERA		Tim Baltiera		Month Day Year 04/24/85		